

## Shelter + Care Application Check List

Applicant Name:

1. **Completed and signed application**
2. **Disability verification attached-diagnosis SDMI (do not need details)**
3. **Copy of Social Security card attached-need Path worker to verify they viewed the original card**
4. **Homeless verification attached\*\***
5. **Voucher signed (do not complete any part of this form) Signing a voucher form does not automatically guarantee it will be issued.**
6. **214 Declaration**
7. **Income Family Certification Part A and income verification- check stubs for SS/SSI benefit notification.**
8. **Authorization for Release of information/Privacy Act (there are 2 forms)**
9. **Applicant Screening Questionnaire**
10. **HUD-52675 (Debts owed form)**
11. **HUD-92006 (Additional contact form)**
12. **RHIIP (Enterprise Income Verification Form)**

**IMPORTANT - WE CANNOT ASSIST ANYONE WHO IS ON THE VIOLENT OR SEXUAL OFFENDER LIST.** Please contact me if you have a question about a specific person.

When this has been completed, send the packet to:

Laura Morrison, Program Manager  
MDOC Housing Division  
PO Box 200545  
Helena, MT 59620-0545

My email address is: [lmorrison@mt.gov](mailto:lmorrison@mt.gov)

My phone number is: 406-841-2828

**\*\* A chronically homeless person is an unaccompanied individual with disabling condition (serious mental illness and/or HIV/AIDS) who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless a person must have been on the streets or in an emergency shelter.**